

County: Brown

Facility ID: 8060

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SANTA MARIA NURSING HOME
430 SOUTH CLAY STREETGREEN BAY 54301 Phone: (920) 432-5231
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 50
Total Licensed Bed Capacity (12/31/03): 50
Number of Residents on 12/31/03: 41Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 44

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.7
Supp. Home Care-Personal Care	No					1 - 4 Years		43.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	12.2	More Than 4 Years		12.2
Day Services	No	Mental Illness (Org./Psy)	51.2	65 - 74	9.8			----
Respite Care	No	Mental Illness (Other)	2.4	75 - 84	31.7			87.8
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	19.5	65 & Over	87.8	-----		
Transportation	No	Cerebrovascular	7.3	-----	----	RNs		10.1
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		12.3
Other Services	No	Respiratory	4.9	-----	----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.6	Male	24.4	Aides, & Orderlies		
Mentally Ill	No		----	Female	75.6			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	3	100.0	278	21	91.3	126	0	0.0	0	15	100.0	140	0	0.0	0	0	0.0	39	95.1
Intermediate	---	---	---	2	8.7	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	4.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	3	100.0		23	100.0		0	0.0		15	100.0		0	0.0		0	0.0	41	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	8.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	9.8	51.2	39.0	41
Other Nursing Homes	1.4	Dressing	12.2	68.3	19.5	41
Acute Care Hospitals	85.5	Transferring	36.6	43.9	19.5	41
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	14.6	63.4	22.0	41
Rehabilitation Hospitals	1.4	Eating	41.5	39.0	19.5	41
Other Locations	2.9	*****				
Total Number of Admissions	69	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.3	Receiving Respiratory Care	9.8	
Private Home/No Home Health	20.3	Occ/Freq. Incontinent of Bladder	34.1	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	17.4	Occ/Freq. Incontinent of Bowel	31.7	Receiving Suctioning	0.0	
Other Nursing Homes	8.7			Receiving Ostomy Care	2.4	
Acute Care Hospitals	7.2	Mobility		Receiving Tube Feeding	7.3	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	19.5	
Rehabilitation Hospitals	0.0					
Other Locations	17.4	Skin Care		Other Resident Characteristics		
Deaths	29.0	With Pressure Sores	0.0	Have Advance Directives	80.5	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	69			Receiving Psychoactive Drugs	70.7	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.1	86.2	0.95	87.1	0.94	88.1	0.93	87.4	0.94
Current Residents from In-County	92.7	78.5	1.18	81.0	1.14	82.1	1.13	76.7	1.21
Admissions from In-County, Still Residing	24.6	17.5	1.41	19.8	1.25	20.1	1.22	19.6	1.25
Admissions/Average Daily Census	156.8	195.4	0.80	158.0	0.99	155.7	1.01	141.3	1.11
Discharges/Average Daily Census	156.8	193.0	0.81	157.4	1.00	155.1	1.01	142.5	1.10
Discharges To Private Residence/Average Daily Census	59.1	87.0	0.68	74.2	0.80	68.7	0.86	61.6	0.96
Residents Receiving Skilled Care	95.1	94.4	1.01	94.6	1.01	94.0	1.01	88.1	1.08
Residents Aged 65 and Older	87.8	92.3	0.95	94.7	0.93	92.0	0.95	87.8	1.00
Title 19 (Medicaid) Funded Residents	56.1	60.6	0.93	57.2	0.98	61.7	0.91	65.9	0.85
Private Pay Funded Residents	36.6	20.9	1.75	28.5	1.28	23.7	1.55	21.0	1.75
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	53.7	28.7	1.87	33.8	1.59	35.8	1.50	33.6	1.60
General Medical Service Residents	14.6	24.5	0.60	21.6	0.68	23.1	0.63	20.6	0.71
Impaired ADL (Mean)	50.7	49.1	1.03	48.5	1.05	49.5	1.02	49.4	1.03
Psychological Problems	70.7	54.2	1.30	57.1	1.24	58.2	1.22	57.4	1.23
Nursing Care Required (Mean)	4.9	6.8	0.72	6.7	0.73	6.9	0.71	7.3	0.67